



CITY OF SAN JOSÉ, CALIFORNIA

Building Division Submittal Form

Plan Check Submittal For Commercial Industrial Multifamily

Submittal Date: _____ Received By: _____ Plan Check No. _____

Reviews Required ☐ Building ☐ Plumbing ☐ Mechanical ☐ Electrical ☐ Fire
Plans Submitted ☐ Building ☐ Plumbing ☐ Mechanical ☐ Electrical ☐ Fire

Applicant Circle Applicable

Developer, Bldg. Owner, Tenant, Engineer, Architect, Contractor, Other

Firm _____ Your Name _____

Applicants Address _____

Telephone No. _____ Fax No. _____

Project Address: _____

Tract No. _____ APN No. _____

Project Name: _____

Tenant: _____

☐ Yes ☐ No

Occupancy Group

Type of Construction

Automatic Fire Sprinkler System

General Use Circle Applicable

Office, Clinic, Retail, Wholesale Food, Storage, Spec. Space, Service Station, Lab, Manufacturing, Residential

Specific Use: _____ No. of Stories _____

Floor Area: Existing _____ Proposed _____ New Total _____

Circle Appropriate Scope of Work

New Construction, Non-Structural Alteration, Structural Alteration, Addition, Demolition, Fire Damage, Other

Will this project affect hazardous materials/chemical storage or use on this site? ? Yes ? No

If yes complete the Building Occupancy Classification Inventory Form

Is the Building: Heated ☐ Yes ☐ No Cooled ☐ Yes ☐ No

Disabled Access Provisions: ☐ Full Compliance ☐ Equivalent Facilitation ☐ Unreasonable Hardship

Planning Permit Obtained: ☐ Yes ☐ No Permit No. _____

Describe Scope of Work: _____

List Contact Person for Each Plan Submitted

Name

Phone No.

Fax No.

Building _____

Plumbing _____

Mechanical _____

Electrical _____

Fire _____

Office Use Only
Previous Permit History

Latest Listed Use: _____ Tenant: _____
Occupancy Group: _____ Type of Construction _____

	Permit No.	Type				Tax Status		Inspection Status		
Bldg		New Shell	Add Alt	TI	IF	Ind	Com	Under construction	Expired	Final
Plumb		New Shell	Add Alt	TI	IF	Ind	Com	Under construction	Expired	Final
Mech		New Shell	Add Alt	TI	IF	Ind	Com	Under construction	Expired	Final
Elect		New Shell	Add Alt	TI	IF	Ind	Com	Under construction	Expired	Final

Circle Applicable

Previous Listed Use: _____ Tenant: _____
Occupancy Group: _____ Type of Construction _____

	Permit No.	Type				Tax Status		Inspection Status		
Bldg		New Shell	Add Alt	TI	IF	Ind	Com	Under construction	Expired	Final

Circle Applicable

Previous Listed Use: _____ Tenant: _____
Occupancy Group: _____ Type of Construction _____

	Permit No.	Type				Tax Status		Inspection Status		
Bldg		New Shell	Add Alt	TI	IF	Ind	Com	Under construction	Expired	Final

Circle Applicable

Previous Listed Use: _____ Tenant: _____
Occupancy Group: _____ Type of Construction _____

	Permit No.	Type				Tax Status		Inspection Status		
Bldg		New Shell	Add Alt	TI	IF	Ind	Com	Under construction	Expired	Final

Circle Applicable

Previous Listed Use: _____ Tenant: _____
Occupancy Group: _____ Type of Construction _____

	Permit No.	Type				Tax Status		Inspection Status		
Bldg		New Shell	Add Alt	TI	IF	Ind	Com	Under construction	Expired	Final

Circle Applicable